

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor [if only one name is listed below] or an original, first and joint inventor [if plural names are listed below] of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EMERGENCY SUPPORT FOR STABILIZING INDIVIDUAL LIMBS OR BODY PARTS

the specification of which [check one]

☐ is attached hereto

☒ was filed as PCT international application Number PCT/EP98/06110 on September 25, 1998

and was amended under PCT Article 19 on _____

☒ was filed on May 28, 1999 as Application Serial No. 09/319,024 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

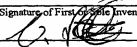
PRIOR FOREIGN APPLICATION(S)			Priority Claimed	
DE 197 42 833.9	Germany	28/09/1997	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year filed)		
DE 198 07 112.4	Germany	20/02/1998	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year filed)		
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior U.S. application in the manner provided by the first paragraph of Title 35, U.S.C. §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)

I hereby appoint as my attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark office connected therewith Robert J. Koch, Reg. No. 26,637; Mark E. Ungerman, Reg. No. 32,070; Peter J. Davis, Reg. No. 36,119, and Scott Blackman, Reg. No. 34,088. Send all correspondence to Robert J. Koch, Fulbright & Jaworski L.L.P., 801 Pennsylvania Avenue, N.W., Washington, D.C. 20004. Address telephone communications to Robert J. Koch at (202) 662-4765.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor	Signature of First or Sole Inventor	Date
Wolfgang Stelzenmüller		22.07.99
Residence Address	Country of Citizenship	
Hirtengasse 9-11, D-63263, Neu-Isenburg, Germany	Germany	
Post Office Address		
Same as residence		
Full Name of Second Inventor (if any)	Signature of Second Inventor	Date
Residence Address	Country of Citizenship	
Post Office Address		